

NOV 1 5 1996

State of Washington of Ecology cation for a Water Right

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

Fee Paid 10.00

Date 11/5/96

Name 7	thele	me L	. (Ine	10/20m	Home	e Tel: (5%	2918	37- :	3///
Mailing Ac	Idress 640	O HU	V241		Work	Tel:()	_	
City Su	nnesid	st St	tate WAZ	ip+4 989	444	FAX:()	_	SITE VISI
Section	2. CONT e as above	ΓACT - I	PERSON	TO CAL	L ABOUT	CALL THE	OBP APPL	CAC ICAT	ION TO AC
Name					Home	e Tel:(
City		St	tateZ	ip+4	+	FAX:(_)_		
elationshi	p to applicant							_	
Section	3. STAT	EMENT	OF INT	ENT					
		itai quantit	-		per year:				(4)
Ch nee	eck if the wat	er use is pr	oposed for a	a short-term p	roject. Indica		riod of	time th	at the water will be
Ch nee Section	eck if the wat eded: From	er use is pr	oposed for a	a short-term p	roject. Indica	ite the pe		time th	at the water will be
Section If SURF Name the lake, etc. "unnamed	eck if the wateded: From	ER SOU	to te if stream,	spring,	project. Indica	WATER			
Section If SURF Name the lake, etc. "unnamed	eck if the wateded: From 4. WAT! ACE WATE water source If unnamed, I stream," etc.	ER SOU	totote if stream, amed spring	spring,	oroject. Indica	WATER	-lor	_2_v	vell(s).
Section If SURF Name the lake, etc. "unnamed	ACE WATE water source If unnamed, stream," etc. of diversions:	ER SOU	totote if stream, amed spring	spring,	oroject. Indicate of the second of the secon	WATER	-lor	_2_v	vell(s).
Section If SURF Name the lake, etc. "unnamed Number of Source flot LOCATI	ACE WATE water source If unnamed, I stream," etc. of diversions: ows into (name)	ER SOU	to to RCE te if stream, amed spring of water):	spring, spring, ces in feet fr	If GROUNE A permit is de	WATER esired for of well(s)	-10r : 6	2_V	vell(s).
Section If SURF Name the lake, etc. "unnamed Number of Source flot LOCATI Enter the	ACE WATE water source If unnamed, stream," etc. of diversions: ows into (name)	ER SOU	to to RCE te if stream, amed spring of water):	spring, spring, ces in feet fr	If GROUNE A permit is described by the second secon	WATER esired for of well(s)	-/or : 6	2 v	vell(s).
Section If SURF Name the lake, etc. "unnamed Number of Source flot LOCATI Enter the nearest s	ACE WATE water source If unnamed, stream," etc. of diversions: ows into (name)	ER SOUTER SOUTER SOUTER and indicate write "unn The of body of the control o	to to RCE te if stream, amed spring of water): west distance 30 33 000	spring, spring	If GROUNE A permit is described by the second of the points County	WATER esired for of well(s)	-/or : 6	2 v	vell(s). Irawal to the
Section If SURF Name the lake, etc. "unnamed Number of Source flot LOCATI Enter the nearest s	ACE WATE water source If unnamed, stream," etc. of diversions: ows into (name)	ER SOU	to to RCE te if stream, amed spring of water):	spring, spring	If GROUNE A permit is described by the second secon	WATER esired for of well(s)	-/ot	2 v	drawal to the

ECY 040-1-14 Rev. 9/95 F **APPLICATION**

Appl. No.: <u>G4-32486</u>

Sec	tion 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named: Washout Canyon
В.	Briefly describe your proposed water system. (See instructions.) System will be provided by the Dairy Contractor of the Pairy man that well be brying the 160 are Dairy.
C.	Do you already have any water rights or claims associated with this property or system? ☐ YES ⋈ NO PROVIDE DOCUMENTATION.
	tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
Α.	Number of "connections" requested: 3 Type of connection 2 Dairy Barn
В.	Are you within the area of an approved water system? (Homes, Apartment, Recreational, etc.) If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION complete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: 2 aprox 80 could be verigited
В.	List total number of acres for other specified agricultural uses:
	Use Acres Use Acres Use Acres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? □ YES □ NO If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals 1500 Animal type dathy Dairy - # Milking # Non-milking (If dairy cattle, see below)

Sec	ction 8. WATER STORAGE auxil Trachwat Cons	le)	
Will y	you be using a dam, dike, or other structure to retain or store water?	YES	
and so	E: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or moome portion of the storage will be above grade, you must also apply for a reservoir permit. You can cation from the Department of Ecology.		
	ction 9. DRIVING DIRECTIONS	2 /-	
Provid	de detailed driving instructions to the project site. North on russhout ko	ad to	
54	U Cornor of Sec 30.		
Sec	tion 10. REQUIRED MAP		
Α.	Attach a map of the project. (See instructions.) →		
Sec	tion 11. PROPERTY OWNERSHIP		
Α.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and addrowner(s):	YES ress(es) of the	
	5 w /49 See 30 will be a good located	in fo	N
	a much need warry in this area of	there i	R)
	a water permitt in place at time	of Sale	_
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	XYES	□ NC
order and n	tify that the information above is true and accurate to the best of my knowledge. I under to process my application, I grant staff from the Department of Ecology access to the monitoring purposes. Even though I may have been assisted in the preparation of the amployees of the Department of Ecology, all responsibility for the accuracy of the information.	site for insped bove applicat	ction tion by
Applic	Cant (or authorized representative) 11-15-96 Date		

Date

Landowner for place of use (if same as applicant, write "same")

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Parcel C: - The East half of the Southwest Quarter and hoto 3 and 4 of Section 30, Journship 11 Morch, Range 23, E. w. M.;

Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested abo	ve and return your	application by

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).